

## California and Western Medicine

Owned and Published by the  
**CALIFORNIA MEDICAL ASSOCIATION**

Official Organ of the California, Utah and Nevada Medical Associations  
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

Telephone Douglas 0062

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Subscription prices, \$5.00 (\$6.00 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

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## EDITORIALS\*

### MEDICAL ECONOMICS ARTICLES IN THIS NUMBER OF CALIFORNIA AND WESTERN MEDICINE

*The Medical Economics Symposium at the Sixtieth Annual Session of the California Medical Association.*—At this year's annual session of the California Medical Association which was held at San Francisco in April last the subject of medical economics was given special prominence. The Council and Program Committee brought about this emphasis of the topics through the presentation of the medical economics reports and papers at general, instead of at section meetings. Much interest was evidenced in the discussions by the members who were in attendance.

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*These Medical Economics Papers Are Printed in the Current Number of California and Western Medicine.*—To better bring home to the members at large a consideration of the medical economics papers which were read at San Francisco, these are being printed as a symposium in this September number of CALIFORNIA AND WESTERN MEDICINE.

The series starts off with the report of the California Medical Association Committee on Medical Economics, which was made by its chairman, Dr. John H. Graves of San Francisco. In

\* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Medicine Today column.

sequence then follow the papers of Drs. Daniel Crosby of Oakland, Rexwald Brown of Santa Barbara, J. Rollin French of Los Angeles, Ralph A. Reynolds of San Francisco, J. L. Pomeroy of Los Angeles, Frank L. Kelly of Berkeley and Charles B. Pinkham of San Francisco.

In addition to the above, several others of the special articles in the current issue have somewhat of a public health or medical economics relationship in that they trench on the domain of preventive as well as of curative medicine. Thus may be mentioned the papers by F. G. Crandall on Jamaica Ginger Paralysis, Glenn Myers on The Mental Hygiene Survey of California, and A. C. Reed on Organized Tropical Medicine.

In the Miscellany Department of this number of CALIFORNIA AND WESTERN MEDICINE are also presented a number of topics which may be of interest in connection with the papers above referred to, because they may be taken as examples of some of the problems which arise in private and public health practice.

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*These Medical Economics Topics Worthy of Serious Thought and Study.*—This exposition of so many papers on subjects of non-scientific nature may not meet with the approval of a considerable number of members of the Association. For such colleagues it may be stated that one of the reasons the papers are massed and printed in a single issue was the thought that through such grouping in one issue the attention of members could be called, not only to the importance of these medical economics problems, but to the extreme and almost insurmountable difficulties which we face when we try to indicate to one another what are practical solutions that would meet with general approval and acceptance.

The situation which confronts us here is akin to that which as physicians we meet again and again, when we are called upon to make diagnoses of certain diseases, the pathology of which is not clear, and in which in the past, empiric and experimental medicine have alike failed to find remedial agents that are satisfactory to either physician or patient. In such disease complexes the large number of therapeutic measures which are mentioned in the literature, at times seem to include a trial of almost every and anything, a condition which nearly always may be taken to indicate that practically all measures are of only slight remedial worth. However, when such obstacles are met with in medicine, it usually means that devoted disciples of our guild give of themselves without stint or hope of reward, in the effort to find ways and means whereby physicians may be victorious; and that through such constant study and effort such work is often rewarded with success.

In similar manner—in these intricate problems of medical economics, which are involved and made more difficult through the close relationship with social and political factors—it is necessary for the medical profession to continue its earnest studies if it would avoid the deplorable

able results in situations which are arising in America, just as they arose in Europe.

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*Physicians to Receive Proper Financial Rewards to Enable Them to Do Efficient Work, Must Be as Alert in These as in Purely Scientific Problems.*—The really big rewards of the practice of medicine are not to be found in unusually large financial returns, but rather in the fulfillment of efficient service to patients and to the public. With such service, however, should come that amount of financial reward which the background of training as well as the nature of the services which are rendered by physicians justly entitles them. Well trained, efficient physicians, as faithful servants of the state and of the public, deserve proper financial remuneration, and have a right to use all legitimate measures to acquire and maintain such.

It would be a truism to state that our modern-day civilization is quite different from that which has gone before, and that here in America our mass production and great material prosperity of recent years—with their elements of wealth distribution quite different from those of former days—present special and new problems to practically all professions and vocations, and particularly so to the guild of physicians. For times have changed. We must acknowledge that we can no longer practice medicine after the manner of previous years, when there was full assurance that all would be well with our economic futures, both for ourselves in our own time, and for our successors.

Therefore, because the times are different, and because new forces are at work which could seriously change medical practice as we understand it, we must analyze the forces in our environments and ask ourselves what would be the places which our profession and which we as individual physicians would be obliged to take, if a new scheme of things based on a so-called state health insurance plan came into existence.

The papers on medical economic topics above referred to are an indication of the thought which colleagues in different portions of California are giving to the consideration of these matters. These fellow physicians have gone to considerable effort to present their respective viewpoints to us. We are not called upon to agree with them in their various contentions, but we can at least read what they have written, and then ask ourselves, each of us, whether we agree or disagree with them in this or that, and why.

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*All County Societies Should Discuss This Symposium.*—The thought suggests itself at this point that this symposium of papers may be made to have a real value to the California, Nevada and Utah Medical Associations if every component county medical society in the three states, in the near future, would give over the part or the whole of an evening in further discussion and analysis of the papers and topics printed in this number of CALIFORNIA AND WESTERN MEDICINE.

If the respective county society program committees would ask three or more local members to bring in critical discussions on different phases of these medical economics topics, and if at such meetings all members would bring their copies of CALIFORNIA AND WESTERN MEDICINE for reference and to be used in asking questions, then some real progress would be made, at least as relates to the creation of a greater interest and alertness on these important problems. For it is no exaggeration to state that these are real and vital problems that are bearing down on the profession for proper solution, and that if we fail to give them our serious consideration and action, then changes in modes of practice are apt to take place which will be anything but satisfactory to us. And this applies to all and every one of us, both in our own time and in the days to follow when our successors will be called upon to bear the brunt of the battle.

In conclusion, permit us to urge again that you give yourself the privilege of reading these articles at an early day and that you seek to have the program committee of your county medical society set aside an evening for further discussion of these medical economics topics. If such coöperation is given, it will be easier for the California, Nevada and Utah Medical Associations to find the paths of procedure that will lead to the greatest protection of both the public and the profession.

#### **CALIFORNIA MEDICAL PRACTICE ACT— ITS NEW AMENDMENT RELATING TO BOARD APPOINTMENTS**

*The New Amendment Was a So-called "Administration Measure."*—The California Legislature of the present year approved more than one thousand new laws. Some of such, which had to do with medical practice, have been discussed at considerable length in CALIFORNIA AND WESTERN MEDICINE. One of the bills of which practically no mention has been made concerned itself with appointments to the Board of Medical Examiners of the State of California. It was known as an administration measure, and with a large number of similar bills affecting different state boards was passed in the last days of the session. Some of these bills were fought at the time, but with little avail; and a similar result would probably have been the story as regards the state medical examining board measure. In the Miscellany Department of this number is printed the full text of this new amendment. (See page 239.)

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*The New Amendment Makes Possible Radical Changes in Board Personnel.*—As noted in those comments, by virtue of this amendment to California's medical practice act, Governor James J. Rolph, Jr. will have the power within the next six months of appointing five to seven new members to our state medical examining board in case he so desires.

Somewhat analogous powers were given as regards the dental and pharmacy boards, the Cali-